## 1999 NATIONAL HIV PREVENTION CONFERENCE

## Abstract 596

**TITLE:** Prenatal HIV Testing Practices and Perinatal Transmission of HIV in Texas.

**AUTHORS:** Melville, S; Robbins, A; Arbona, S; Jablonski, C; King, S; Mitchell, B (Texas Department of Health/Bureau of HIV and STD Prevention)

**ISSUE:** Recent treatment advances offer significant opportunities to reduce perinatal transmission of HIV. For the potential reductions to be realized, HIV testing and treatment must be consistently offered to pregnant women.

**SETTING:** A program of evaluations focused on how well public health recommendations for prenatal HIV testing have been adopted into prenatal care routines, and how widespread the use of ZDV is among HIV infected pregnant women.

**PROJECT:** The Texas Department of Health conducted an assessment of the HIV testing practices of prenatal care providers through a statewide telephone survey of private prenatal care providers and examination of prenatal testing data on birth certificates. Changes in ZDV use were assessed through data from blinded seroprevalence surveys (Survey of Childbearing Women: SCBW) and the Pediatric Spectrum of Disease (PSD).

**RESULTS:** Survey results indicate that 99% of the surveyed private prenatal care providers reported routinely offering HIV tests to their pregnant patients. Similarly, in a dataset of 124,440 Texas resident births from January through May 1997, 94% of birth certificates indicated that the mother had been tested for HIV either prenatally or at delivery. Prenatal testing proportions were highest for women who received prenatal care through private physicians (90%), while women receiving care from midwives showed lower proportions of prenatal testing (58%). To determine whether HIV-infected pregnant women are getting treated with ZDV, HIV-positive blood samples were tested for the presence of ZDV during the 1994 and 1995 SCBW. Results suggest that ZDV treatment of HIV-infected childbearing women increased between 1994 and 1995 (from 23% to 59%). More recent data from the PSD records the administration of the ACTG 076 regimen for 656 children born to HIV-infected mothers from 1995 through July 1998. Of these, 251 (38%) received the full 076 protocol regimen. The neonatal component was administered to 559 (85%) of the exposed infants. The prenatal component was administered to 482 (74%) of the infected pregnant women, but only 251 (38%) of them report receiving ZDV during delivery. The crude rate of vertical transmission with receipt of the full 076 regimen (8.5%) was almost half the rate of transmission with a partial regimen of one or two components (15.6%) and more than five times lower than the rate with no receipt of the regimen (42.8%). In the PSD study population, close to 27% of HIV-infected mothers did not receive prenatal care. The proportion of the general population reporting no prenatal care is much lower (1.6%).

**LESSONS LEARNED:** These studies point to the importance of a sustained high level of testing among all prenatal care providers, the administration of the full 076 regimen for infected pregnant women, and getting pregnant women at risk for HIV into prenatal care.

## PRESENTER CONTACT INFORMATION

Name: Cheryl Jablonski Address: 1100 W. 49<sup>th</sup> St.

Austin, TX 78756 **Telephone:** (512) 490-2555

Fax: (512) 490-2536

E-mail: Cheryl.jablonski@state.tx.us